Audits - Northern Region 1600 9th Street, Sacramento, CA 95814 (916) 445-1557, FAX (916) 445-1588

February 5, 2008

Bruce Hopperstad, LCSW, Director San Joaquin County Behavioral Health Services 1212 North California Street Stockton, CA 95202

Dear Mr. Hopperstad:

### **AUDIT REPORT - SAN JOAQUIN COUNTY BEHAVIORAL HEALTH**

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of San Joaquin County Mental Health for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

#### Net Program Costs

	<u>Se</u>	ttled	Ā	llowed	Ad	justment	
Federal Share of Short-Doyle/Medi-Cal	\$11,7	22,354	\$11	,520,189	\$(	202,165)	
Federal Share of Healthy Families/Medi-Cal	\$	53,800	\$	50,093	\$	(3,707)	
State General Funds EPSDT Due State	\$ 2,9	00,835	\$ 2	,912,778	\$_	11,943	

Bruce Hopperstad, LCSW, Director Febuary 5, 2008 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

C'L'EL OLEMEN.

CHUKWUEMEKA OKEMIRI, CPA

Audits Supervisor, Northern Region

WALTER J. HILL, JR., MBA, EA Chief of Audits

cc:

Vic Singh, Associate BHS Director San Joaquin County Behavioral Health Services

**Enclosures** 

**CERTIFIED MAIL** 

### SAN JOAQUIN COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

					Audit		
			As Settled	_	Adjustments	_	As Audited
NET REIMBURSABLE MEDI-CAL							
PROGRAM COSTS							
COUNTY - FFP							
MEDI-CAL - FFP		\$	7,548,488	\$	18,326	\$	7,566,814
HEALTHY FAMILIES - FFP	(Sch. 2a)	_	31,434	_	(86)	_	31,348
TOTAL FFP - COUNTY PROVIDER	(Sch. 2a)	\$_	7,579,922	\$_	18,240	<b>s</b> _	7,598,162
CONTRACT PROVIDERS - FFP	(Sch. 3b)						
MEDI-CAL - FFP		\$	4,173,866	\$	(205,154)	\$	3,968,712
HEALTHY FAMILIES - FFP		_	22,366_		(3,621)	_	18,745
TOTAL FFP - CONTRACT PROVIDER	(Sch. 3b)	\$_	4,196,232	\$_	(208,775)	\$_	3,987,457
TOTAL FFP - COUNTY PLUS CONTRACT PRO	OVIDERS						
MEDI-CAL - FFP		5	11,722,354	\$	(186,828)	\$	11,535,526
HEALTHY FAMILIES - FFP			53,800		(3,707)		50,093
TOTAL FFP - CONTRACT PROVIDER		\$ =	11,776,154	\$	(190,535)	\$_	11,585,619
TOTAL FFP - COUNTY PLUS CONTRACT PRO	OVIDERS						
MEDI-CAL - FFP (Overpayment of County M	atch)	** \$	11,535,526	\$	(15,337)	\$	11,520,189
HEALTHY FAMILIES - FFP	•		50,093				50.093
TOTAL FFP - CONTRACT PROVIDER		** \$ _	11,585,619	<b>s</b> _	(15,337)	<b>s</b> _	11,570,282
SUMMARY OF STATE GENERAL FUNDS		=					
EPSDT - SGF	(Sch. 4)	\$ _	2,900,835	s _	11,943	<b>s</b> _	2,912,778

# SAN JOAQUIN COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

### COUNTY OPERATED FEDERAL

						Audit		
				As Settled		Adjustments		As Audited
Total N	Medi-Cal Gross Reimbursement		_		-		_	
l In	patient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2 O	utpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		11,124,462		203,687		11,328,149
3 Et	nhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4. Et	nhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		10,504		(1,126)		9,378
5. Er	nhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6. Er	nhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		4,986		(0)		4,986
7 H	ealthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8 H	ealthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		40,509		(42)		40,467
9 To	otal		\$=	11,180,461	\$	202,518	§ =	11,382,979
Less: P	Patient & Other Payor Revenues							
10. In	patient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11. Oi	utpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		17,302		67,266		84,568
12 Er	nhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13. Er	nhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14 Er	nhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15 Er	nhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16. He	ealthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17 H	ealthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18. To	otal		\$_	17,302	\$	67,266	\$=	84,568
Medi-C	Cal Net Reimbursement for Direct Services							
19 In	patient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20. Ou	utpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		11,117,664		135,295		11,252,959
21 Er	nhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22 Er	nhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		4,986		(0)		4,986
23 He	ealthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24 He	ealthy Families-O/P	(Ln 8 - Ln 17)		40,509		(42)		40,467
25 To	otal		\$_	11,163,159	\$ _	135,253	\$ _	11,298,412
Medi-C	Cal MAA Reimbursement							
26. Ser	rvice Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
27 Ser	rvice Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		254,653		(39,224)		215,429
28 Ser	rvice Functions 21-19	(MH1979, Ln 13, Col. A)	_	70,056		(10,791)	_	59,265
29 Tot	tal		\$_	324,709	<b>S</b>	(50,015)	\$ _	274,694

# SAN JOAQUIN COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL					Audit		
		_	As Settled	_	Adjustments	_	As Audited
Amount Negotiated Rates Exceed Cost							
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	53	_	(53)	_	0
36. Total		<b>\$</b> =	53	\$ =	(53)	<b>\$</b> =	0
Medi-Cal Administrative Reimbursement							
37 Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	2,985,332	\$	21,736	\$	3,007,068
38 Medi-Cal Administration	(MH 1979, Ln 5)	s <sup>-</sup>	5,899,225	<b>s</b> -	(1,998,929)	_	3,900,296
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$ <u>_</u>	2,985,332	\$_	21,736	_	3,007,068
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lim	it (MH1079 In 8)	\$	7,575	\$	(4)	¢	7,571
41. Healthy Families Administration	(MH1979, Ln 9)	\$ \$	25,552	\$-	(17,005)		8,547
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	s –	7,575	<u> </u>	(4)	_	7,571
42. Treatiny Lamines Administrative Reimbursement	(Lower of En 40, En 41)	<b>"</b> =	7,575	•=		<b>"</b> =	
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ <u>_</u>	0	\$ _	94,508	<b>S</b> _	94,508
44 Other Medi-Cal U R.	(MH1979, Ln 15, Col. D)	\$_	251,541	\$_	(176,862)	\$_	74,679
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	5,738,341	\$	53,454	\$	5,791,795
46 Enhanced (Children)	(MH1979, Ln 17,17A)		6,855		(739)		6,116
47 Enhanced (Refugees)	(MH1979, Ln 18)		4,986		(0)		4,986
48 MAA	(MH 1979, Ln 11, 12 & 1	3)	179,869		(27,706)		152,163
49. Administrative Reimbursement	(MH1979, Ln 6)		1,492,666		10,868		1,503,534
50. U.R. Skilled Professional	(MH1979, Ln 14)		0		70,881		70,881
51 U.R Other	(MH1979, Ln 15)		125,771		(88,432)		37,339
52 Negotiated Rate-Payback	(MH1979, Ln 20)		0		0		0
53 Subtotal- FFP		\$ _	7,548,488	\$_	18,326	\$ <u></u>	7,566,814
54 Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj # )	_		_	0	_	0
56 Total SD/MC Reimbursement - FFP		·	7 5 4 0 4 0 0	Œ	19 224	e e	7 544 014
		<i>s</i> =	7,548,488	³=	18,326	³ =	7,566,814
Net Healthy Families Reimbursement - FFP	(1411000 1 04041)	•				_	
57 Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	26,504	3	(96)	3	26,408
58 Negotiated Rate Exceed Costs	(MH1979, Ln 26)		(13)		13		0
59 Administrative Reimbursement	(MH1979, Ln 10)	_	4,943	_	(3)	<u>,</u> –	4,940
60. Total Healthy Families Reimbursement - FFP		<b>\$</b> =	31,434	<b>\$</b> =	(86)	<b>۵</b> =	31,348
61 Total - FFP (Ln 56 + Ln 60)		<b>s</b> _	7,579,922	<b>s</b> _	18,240	<b>s</b> _	7,598,162
		_		_			(To Sch 1)

#### SAN JOÀQUIN SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity		(1) Regular M/Cal and EPSDT Gross Cost	(2) EPSDT Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Regular M/Cal and EPSDT Gross Cost	(7) EPSDT Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
<u>Number</u>	Legal Entity		I N P	A T I E	N T			OUTI	> A T I	E N T	
	<del></del>	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col 6 to 8)	(MH 1968, Ln 27, 27A)
00118	Victor Treatment Centers Inc	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	1,011,140	\$ 0 <b>\$</b>	0 \$	1,011,140 \$	0
00120	Families First Program	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0		0 \$	0 \$	0
00125	Phoenix Programs Inc	\$ 0	\$ 0 <b>\$</b>	0 \$	0 \$	0 \$	1,750,811	\$ 0 \$	0 \$	1,750,811 \$	0
00241	Crestwood Hospitals Inc	<b>s</b> 0	\$ 0 \$	0 \$	0 \$	0 \$			O \$	74,117 <b>\$</b>	n
00457	Sunny Hills Children's Garden	\$ 0		0 \$	0 \$				0 <b>s</b>	10,780 \$	ō
00461	Summitview Child Treatment	\$ 0		0 <b>s</b>	Ö \$				o s	6,662 \$	Õ
00730	Delta Health Care	\$ 0		ŏ \$	0 \$				ŏ \$	107,552 \$	7,797
00731	University of the Pacific	<b>s</b> 0		0 <b>s</b>	0 <b>S</b>				0 \$	627,902 \$	,,,,,
00879	Valley Community Counselling	s o		0 \$	0 \$				0 \$	778.721 \$	9,030
00992	Human Services Projects Inc	s 0		0 <b>\$</b>	0 \$				0 \$	433.084 \$	9,030
	Center for Positive Prevention	\$ 0		0 \$	0 \$				0 \$	60,381 \$	262
	Victor Community Support Services	\$ 0		0 \$	0 \$				0 \$	3,193,164 \$	7.658
	Victor Community Support Services	•	• 0 •	0 3	U 3		3,192,201	<b>3</b> 003 <b>3</b>	0 \$	3, 193, 104 3	7,000
01042	Quality Assurance Review Results	<b>\$</b> 0	\$ 0 \$	0 \$	0 <b>s</b>	0 \$	. 0	s 0 \$	0 \$	0 \$	0
	TOTAL LE 1042	\$ 0		0 \$	0 \$			\$ 0 \$	0 \$	0 \$	0
	TOTAL LE 1042	\$ 0		0 \$					0 \$	0 \$	0
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		\$ 0	\$ 0 \$			0 \$	8,043,961	\$ 10,353 \$	0 \$	8,054,314 \$	24.747

#### SAN JOAQUIN SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		(11) Total	(12) Healthy	. 53	(13) Total	(14) Healthy	الله	Total	(16)		(17) Total		Total
Legai		Revenue	Families		Revenue	Families		Net Cost	Net Cost		Net Cost	Net Cost	MAA
Entity <u>Number</u>	Legal Entity	(Excl. HFP)	Revenue	7 (	(Excl. HFP)	Revenue	- 1	(Excl. HFP)	Healthy Families	<u>,                                    </u>	(Excl. HFP)	Healthy Families	FFP Deimburgement
MULIDAL	<u>Legal Entity</u>	(MH 1968.	(MH 1968,	ا ك	(MH 1968,	(MH 1968.	ונ	(Col 4-11)	(Col 5-12)	L	(Col 9-13)	(Col 10-14)	(MH 1979
		Ln 28 to 30)	Ln 31)		Ln 28 to 30)	Ln 31)		(0014-11)	(601 5-12)		(COI 5-13)	(60110-14)	Ln 11-13)
00118	Victor Treatment Centers Inc \$	. 0	\$ 0	\$	0 \$	C	\$	0		5	1,011,140 \$	0 \$	0
00120	Families First Program \$	0	\$ 0	\$	0 \$	C	\$	0 :	\$ 0 :	\$	0 \$		0
00125	Phoenix Programs Inc \$	. 0	\$ 0	\$	5,563 \$	C	\$	0 :	\$ 0	5	1,745,248 \$		0
00241	Crestwood Hospitals Inc \$	-		\$	0 \$		\$	0 :			74,117 <b>\$</b>		0
00457	Sunny Hills Children's Garden \$			\$	0 \$	-	\$	0 :			10,780 \$		0
00461	Summitview Child Treatment \$			\$	0 \$		\$	0 :			6,662 \$		0
00730	Delta Health Care \$			\$	1,124 \$		\$	0 :		-	106,428 \$		0
00731	University of the Pacific \$	. 0	•	\$	797 \$		\$	0 :			627,105 \$		0
	Valley Community Counselling \$	-		\$	213 \$	-	\$	0 :		-	778,508 \$		0
00992	Human Services Projects Inc \$	-		\$	2,213 \$		\$	0 :			430,871 \$		0
01040	Center for Positive Prevention \$			\$	0 \$		\$	0			60,381 \$		
01042	Victor Community Support Services \$		\$ (	\$	820 \$	C	\$	0 :	\$ 0:	\$	3,192,344 \$	7,658 \$	0
01042	Victor Community Support Services-(\$	0	\$ (	\$	0 \$		\$	0 :			0 \$		
0	TOTAL LE 1042 \$			\$	0 \$	C	\$	0 :		\$	0 \$		0
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0	o \$		) \$	\$	0 \$	(	\$	0	\$ 0	\$	0 \$	0 \$	0
	GRAND TOTAL \$	0	\$	\$	10,730 \$		_ \$	0	\$ 0	\$ <u>_</u>	8,043,584	24,747 \$	0

#### SAN JOAQUIN SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity <u>Number</u>	<u>Legal Entity</u>	Neg. Rates Exceed Costs (Excl. HFP) INPA (MH 1968. Ln 38 to 39)	Neg. Rates Exceed Costs Healthy Families TENT (MH 1968, Ln 40, 40A)	Neg. Rates Exceed Costs (Excl. HFP) O. U.T. P. A (MH 1968, Ln 38 to 39)	Neg. Rates Exceed Costs Healthy Families	Total SD/MC Reimbursement (FFP) (MH 1979. Line 21)	Healthy Families Reimbursement (FFP) (MH 1979, Ln 27)	(26).  Total Reimbursement (FFP) (Col 24 + 25)	(27) FFP Contract Maximum	Lower of FFP or Contract Maximum
00118	Victor Treatment Centers Inc \$	0 \$	0 \$	0 \$	0 \$	519.048 5	\$ 6,368 \$	525.416 <b>\$</b>	1.118.718 \$	525,416
00120	Families First Program \$	0 <b>s</b>		0 \$	0 \$			0 \$	0 \$	0
00125	Phoenix Programs Inc \$	0 \$	0 \$	0 \$	0 \$			900,269 \$	1.000.047 <b>S</b>	900,269
00241	Crestwood Hospitals Inc \$	0 \$	0 \$	5.321 \$	0 1			36,374 <b>\$</b>	514.400 \$	36,374
		0 \$	0 \$		0 1			5.441 \$		
00457	Sunny Hills Children's Garden \$			0 \$					25,720 \$	5,441
00461	Summittiew Child Treatment \$	0 \$	0 \$	736 \$	0 \$			3,240 \$	24,691 \$	3,240
00730	Delta Health Care \$	0 \$		87,247 \$	6,271			36,201 \$	117,688 \$	36,201
00731	University of the Pacific \$	0 \$	0 \$	0 \$	0 \$			321,545 \$	844,933 \$	321,545
00879	Valley Community Counselling \$	0 \$	0 \$	40,448 \$	689 \$	392,826	\$ 5,721 \$	398,547 \$	257,491 \$	257,491
QQ992	Human Services Projects Inc \$	0 \$		0 \$	0 \$			221,103 \$	380,321 \$	221,103
01040	Center for Positive Prevention \$	0 \$	0 \$	0 \$	0 \$			31,847 \$	133,855 \$	31,847
01042	Victor Community Support Services \$	0 \$	0 \$	0 \$	0 \$	1,644,473	\$ 4,980 \$	1,649,453 \$	1,833,929 \$	1,649,453
01042	Victor Community Support Services-( \$	0 \$		0 \$	0 \$				0 \$	(923)
0	TOTAL LE 1042 \$	0 \$		0 \$	0 \$				0 \$	1,648,530
D	0 \$	0 \$	0 \$	0 \$	0 \$	0 9	\$ 0 <b>\$</b>	0 \$	0 \$	0
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0	0 \$	0 \$	0 \$	0 \$	0 \$	0:	<b>\$</b> 0 <b>\$</b>	0 \$	0 \$	0
	GRAND TOTAL \$	0 \$	0 \$	133,752 \$	6,960	4,107,743	\$ 20,770 \$	4,128,513 \$	6,251,793 \$	3,987,457

(To Sch 1)

NOTE: LEGAL ENTITY 00879

LOWER OF FFP OR MA: 257 491 SD/MC 253 795

SD/MC 253 795 HF 3 696

#### SAN JOAQUIN COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
(1)	SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	19,237,542	63,986	19,301,528
(2)	Total SD/MC Claims	21,223,427	0	21,223,427
(3)	Percent % (Line 1/Line 2)	90.64%	0.30%	90.94%
(4)	EPSDT Claims	8,976,214	0	8,976,214
(5)	Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	8,136,040	27,328	8,163,368
(6)	Cost Settled Baseline for EPSDT	2,041,479	0	2,041,479
(7)	Net Cost Settlement Amount (Line 5 - Line 6)	6,094,561	27,328	6,121,889
(8)	48.56% of Net Cost-Settlement Amount (Line 7 x 48.56%)	2,959,519	13,269	2,972,789
(8a)	FY 2001-02 EPSDT settlement	2,372,675	0	2,372,675
(8b)	Annual Local Growth (L. 8 - 8a)	586,844	13,270	600,114
(9)	County Match 10% of Local Growth (8b x 10%)	58,684	1,327	60.011
(10)	Net cost settlement amount (L. 8 - 9)	2,900,835	11,943	2,912,778
(9)	SGF Distribution (Settled and Audited)	2,900,835	0	2,900,835
(10)	SGF Due (State)	0	11,943	11,943
				(To Sch. 1)

#### Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY2002-2003, includes increase for FFS/MC provider rate increase.
- (7) Settlement amount prior to 10% match calculation (8)-(9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors)

Provide	SAN JOA	OUIN C	OUNTY	Provider Number	No. of Adj. 82	1	Period Ended 30, 2003
	Report Re				<del> </del>		
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
		i		ADJUSTMENTS TO REPORTED COSTS			
1	MH 1960	1	С	MENTAL HEALTH EXPENDITURES	\$ 68,869,842	\$ (451,904)	\$ 68,417,938
				To adjust managed care inpatient overstatement.			
2	MH 1960	3	С	PAYMENTS TO CONTRACT PROVIDERS	\$ (14,954,470)	\$ (312,773)	\$ (15,267,243) *
				To remove the Managed Care Inpatient from Payments to Contract Providers instead of Managed Care Consolidation.			
3	MH 1960	3	С	PAYMENTS TO CONTRACT PROVIDERS	** \$ (15,267,243)	\$ (191,621)	\$ (15,458,864)
		ı	]	To remove the Managed Care Inpatient to agree with County's records.			
4	MH 1960	6	3	MEDI-CAL ADJUSTMETNT FROM MH 1961	\$ (30,701)	\$ 30,701	<b>S</b> -
			,	To reclassify the Patient overpayment to agree with County's records.			
5	MH 1960	7	С	MANAGED CARE CONSOLIDATION	\$ (312,773)	\$ 312,773	\$ -
				To reflect adjustment number 2.			
6	MH 1960	4	С	OTHER ADJUSTMENTS	\$ (16,168,847)	(\$117,396)	\$ (16,286,243)
				To remove the cost of Hospital Consultation (CC 0990).			
			1				
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.			

Provide	SAN JOA	QUIN C	OUNTY		Provider Number 00039	No of Adj. 82		eriod Ended 30, 2003
	Report Re	ference			L	As	Increase	As
Adj. No.	Form/ Sch	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
7 8 -	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	3 3 3	SD/MC ADMINISTRATION HEALTHY FAMILIES ADJINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS  To eliminate the reported distribution of administrative costs.	Costs will be	\$ 5,899,225 25,552 0 5,924,777	\$ (5,899,225) \$ (25,552) -	\$0 • 0 • 0 • 5,924,777 •
9	MH 1960	12	3	redistributed after adjustments to administrative costs below.  TOTAL ADMINISTRATIVE COSTS  To reflect adjustment number 6.		** \$ 5,924,777	\$ (117,396)	\$ 5,807,381
10 11 12	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	3 3 3 3	SD/MC ADMINISTRATION HEALTHY FAMILIES ADJINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS  To allocate Total Administrative Costs between SD/MC and No	on SD/MC	** \$0 ** 0 ** 0 ** 5,807,381	\$ 3,900,296 \$ 8,547 1,898,538	\$ 3,900,296 8,547 1,898,538 5,807,381
13 14 15	МН 1960 МН 1960 МН 1960	13 14 15	3 3 3	Administration based on the gross cost method percentages of for SD/MC and 53.5432% for Non SD/MC.  SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTLA UTILIZATION REVIEW COSTS  To allocate Total Utilization Review Costs using the Medi-Cal Eligibility Factor percentage of 67.26% for SPMP and Other Utilization Non-SD/MC UR.	f 46.4568%	\$ . 251,541 	\$ 94,508 \$ (176,862) \$ 82,354 0	\$ 94,508 74,679 82,354 251,541
				* Balance carried forward to subsequent adjustment ** Balance brought forward from prior adjustment.				

Provide	SAN JOA	QUIN C	OUNTY	<del></del>	Provider Number 00039	No of Adj 82		eriod Ended 30, 2003
	Report Rei				<del></del>	As	Increase	As
Adj No	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED REVENUE	<u>s</u>			
16 17	MH 1901B MH 1901B		K	MEDI-CAL PATIENT AND OTHER PAYOR REVENUES 07/01/02 MEDI-CAL PATIENT AND OTHER PAYOR REVENUES 10/01/02 TOTAL	To 09/30/03 To 06/30/04	\$ 16,934 368 17,302	\$ (277) \$ 43,588 43,311	\$16,657 \$43,956 60,613
	}			To adjust Crossover Revenues to agree with County's records				
18 19	MH 1901B MH 1901B		K	MEDI-CAL PATIENT AND OTHER PAYOR REVENUES 07/01/02 MEDI-CAL PATIENT AND OTHER PAYOR REVENUES 10/01/02 TOTAL		** \$ 16,657 ** 43,956 60,613	\$ 6,385 17,570 23,955	\$ 23,042 61,526 84,568
				To adjust Crossover Revenues in conjunction with adjustment \$23,955 For Legal Entity 00039.	number 2.			
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

rovide		DUIN C	OUNTY		Provider Number	No. of Adj.		eriod Ended
	SAN JOA		JUNIY		00039	82	June	30, 2003
Adj No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
			l	ADJUSTMENTS TO REPORTED MODES OF SER	RVICE	h		
20	MH1960	18	С	MODE COSTS (DIRECT SERVICES AND MAA)		\$ 31,226,733	\$ (612,824)	\$ 30,613,909
				To adjust costs at the mode level in conjunction with adjustme	nt number 1 and 3.			
21 22 23 24 25 26	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 MH 1964	3 4 5 6 7 8	4444	OTHER 24 HOUR SERVICES (MODE 05-ALL OTHER SFC) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM OUTREACH SERVICES (MODE 45) MEDI-CAL ADMINISSTRATIVE ACTIVITIES (MODE 55) SUPPORT SERVICES (MODE 60) TOTAL  To distribute revised Direct Services cost to Other 24 Hour Set Day Services, Outpatient Servies, Outreach Services, MAA, at Support Services.	vices,	\$ 5,705,524 1,566,033 18,448,242 2,004,503 459,765 3,042,666 \$ 31,226,733	\$ 166,836 50,147 (64,004) (806,472) (51,359) 92,028 \$ (612,824)	\$ 5,872,360 1,616,180 18,384,238 1,198,031 408,406 3,134,694 \$ 30,613,909
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	SAN JOAC	OLIIN C			Provider Number   00039	No. of Adj. 82		eriod Ended 30, 2003
<u> </u>	Report Ref				00033	<del></del>		
Adj No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
		_		ADJUSTMENTS TO REPORTED TOTAL UNI	<u>TS</u>			
27 info 28 29 30	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	2 2 2 2 2 2	B F C D E	TOTAL UNITS-MODE 15-01 TOTAL UNITS-MODE 15-10 TOTAL UNITS-MODE 15-30 TOTAL UNITS-MODE 15-60 TOTAL UNITS-MODE 15-70 TOTAL To adjust the Total Units to agree with County's records.		1,475,486 438,650 3,055,538 1,423,577 574,489 6,967,740	(16.812) - (287,973) (5.358) (3,698) (313,841)	1,458,674 438,650 2,767,565 1,418,219 570,791 6,653,899
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND				
31 32 33 34 35 36 Info 37 38 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL  To adjust the as settled (MH 1966A) SD/MC units of service/tir county operated facilities to agree with the State DMH Approve Report dated December 7, 2007. Above adjustments include I Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, with the units for the three (3) reimbursement periods.	ed Claims Phase II. ns have	1,217,644 2,638,160 28,564 50,172 1,132 3,152 1,702 7,593 9,937 3,958,056	(253,042) 441,628 (6,619) 6,619 (191) 191 - (2,975) 2,880 188,491	964,602 * 3,079,788 * 21,945 * 56,791 * 941 * 3,343 * 1,702 * 4,618 * 12,817 * 4,146,547
				<ul> <li>Balance carried forward to subsequent adjustment.</li> <li>Balance brought forward from prior adjustment.</li> </ul>				

Provide			<u> </u>		Provider Number	No. of Adj.		iod Ended
L	SAN JOAC	JUIN C	OUNTY	<del>,</del>	00039	82	June 3	0, 2003
	Report Re	ference	,			As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
39 40	MH 1966A MH 1966A	8 8A	Total Total	ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND 2  MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDI-CAL UNITS - 10/01/02 to 06/30/03		** 964,602 ** 3,079,788	(1,628) 6,151	962.974 • 3,085,939 •
41 42 43 44	MH 1966A MH 1966A MH 1966A MH 1966A	9 9A 10 10A	Total Total Total Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03		21,945 56,791 941 3,343	(1,295) (7.134) 694 (384)	20,650 * 49,657 * 1,635 * 2,959 *
45 46 47	MH 1966A MH 1966A MH 1966A	10B 11 11A	Total Total Total	ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL		** 1,702 ** 4,618 ** 12,817 4,146,547	240 702 2,115 (539)	1,942 * 5,320 * 14,932 * 4,146,008
				To adjust the SD/MC units of service/time per the State DMH A Claims Report to the county's records. Above adjustments incl Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, without the three (3) reimbursement periods.	ude Phase II. ns have			
48 49 50 51 52 info 53 54 55	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDI-CAL UNITS - 10/01/02 to 06/30/03  MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03  ENHANCED - CHILDREN - 07/01/02 to 09/30/02  ENHANCED - CHILDREN - 10/01/02 to 06/30/03  ENHANCED - REFUGEES  HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02  HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03  TOTAL		** 962,974  ** 3,085,939  ** 20,650  ** 49,657  ** 1,635  ** 2,959  ** 1,942  ** 5,320  ** 14,932  4,146,008	(5,205) (26,089) 1,655 7,378 (642) - (240) (702) (2,115) (25,960)	957,769 3.059,850 22,305 57,035 993 2,959 1,702 4,618 12,817 4,120,048
				To adjust SD/MC units to incorporate the controls of the lower of records or the State DMH Approved Claims Report. Above adjunctude Phase II. Copies of workpapers detailing adjustments functions have been provided to the county. See the MH 1970 which reflect the units for the three (3) reimbursement periods.	iustments by service			
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

Provide	ır				Provider Number	No. of Adj	Fiscal Pe	riod Ended
	SAN JOAC	QUIN C	OUNTY		00039	82	June 3	30, 2003
	Report Re	ference				As	Increase	As
Adj. No.	Form/ Sch	Line	Col	EXPLANATION OF AUDIT ADJUSTME	ENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT CONTRACT PROVIDERS	<u>-S -</u>			
56 57 info info 58 59 60 61	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Info	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 09/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 09/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust the as settled (MH 1966A) SD/MC units of service/to County's contract providers to agree with the State DMH Appring Report dated December 7, 2007. Copies of workpapers detailing adjustments by service function been provided to the County's See the MH 1970 worksheets, the units for the three (3) reimbursement periods.	roved Claims ons have	896.394 1,935,930 0 0 1,912 3,566 4,904 10,459 2,853,165	(267,889) 267,698 - - (302) 817 (660) 660 324	628,505 * 2,203,628 * 0 * 0 * 0 * 1,610 * 4,383 * 4,244 * 11,119 * 2,853,489
62 63 info 64 65 66 67	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust the SD/MC units of service/time per the State DMH Claims Report to the county's records. Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, the units for the three (3) reimbursement periods.	ons have	** 628,505 ** 2,203,628 ** 0 ** 0 ** 1,610 ** 4,383 ** 4,244 ** 11,119 2,853,489	(24,976) 2,929 - (130) (5) (90) 479 (21,793)	603,529 • 2,206,557 • 0 • 1,480 • 4,378 • 4,154 • 11,598 • 2,831,696
		l		Balance carried forward to subsequent adjustment     Balance brought forward from prior adjustment.				

Pro	vider SAN J	OAQUIN	N COI	UNTY		Provider Number 00039	No of Adj. 82	Fiscal Period Ended June 30, 2003		
1 I				Col.	EXPLANATION OF AUDIT ADJUSTME	N OF AUDIT ADJUSTMENTS			As Adjusted	
					ADJUSTMENTS TO REPORTED SD/MC UNITS CONTRACT PROVIDERS	<u>3.</u>				
6 ir	8 MH 199 MH 199 MH 19 MH 19 MH 19 MH 19 MH 19 MH 19	56A 8/ 56A 9/ 56A 10 56A 10	A A 0 0 0 1	Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust SD/MC units to incorporate the controls of the lower of County records or the State DMH Approved Claims Report. Copies of workpapers detailing adjustments by service function have been provided to the county. See the MH 1970 workshee which reflect the units for the three (3) reimbursement periods.	ns	** 603,529 ** 2,206,557 ** 0 ** 0 ** 1,480 ** 4,378 ** 4,154 ** 11,598  2,831,696	4,275 (12,654) - - (635) (310) (583) (9,907)	607,804 2,193,903 0 0 1,480 3,743 3,844 11,015 2,821,789	
					** Balance brought forward from prior adjustment.		L	<u> </u>		

Provide		OLUM C			Provider Number	No. of Adj.		eriod Ended
	SAN JOAC		Y		00039	82	June	30, 2003
Adj.	Report Ref	ference		EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
No.	Sch	Line	Col.	<del> </del>				
				ADJUSTMENTS TO REPORTED SD/MC SETTLE	MENT			
73	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS R	EIMB	8,762,263	(57,656)	8,704,607
				To adjust reported Contract Provider Direct Medi-Cal Gross Reas a result of adjustments to the contract providers SD/MC uniservice/time.				
74 75	MH 1979 MH 1979	21 27	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY TOTAL REIMBURSEMENT - COUNTY	\$ 7,548,488 \$ 31,434 7,579,922	\$ 18,326 (86) 18,240	\$ 7,566,814 * 31,348 * 7,598,162	
				To adjust Total SD/MC Reimbursement (FFP) due to the adjust reported costs and units.	stments to		1	
76 77	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT P TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	ROVIDERS	4,173,866 22,366 4,196,232	(139,031) (2,025) (141,056)	4,034,835 * 20,341 * 4,055,176
			 	To adjust Total SD/MC Reimbursement (FFP) due to contract limitation for Legal Entity 00879.	maximum			
78 info	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT P TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	ROVIDERS	4,034,835 20,341 4,055,176	(923)	4,033,912 * 20,341 * 4,054,253
	}			To incorporate the Quality Assurance Review results for Lagel (report dated September 22, 2004).	Entity 01042			
79 80	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT P TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	ROVIDERS	** 4,033,912 ** 20,341 4,054,253	(65,200) (1,596) (66,796)	3,968,712 * 18,745 * 3,987,457
				To adjust Total SD/MC Reimbursement (FFP) due to the adjust reported costs and units.	stments to			
		_		Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

		00039	82	Fiscal Period Ended June 30, 2003		
Report Reference  Adj. Form/ EXPLANATION OF AUDIT AD			As Reported	Increase (Decrease)	As Adjusted	
e Col	EXPLANATION OF AUDIT AUGUSTME	V12		(Decrease)		
al 24	TOTAL SD/MC REIMBURSEMENT - COUNTY PLUS CONTRACT TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY PLUS	** 11,535,526 ** 50,093	(15,337)	11,520,189 50,093		
3	to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 1	7A, and 18,	\$ 2,900,835	<b>\$</b> 11,943	\$ 2,912,778	
	24	ADJUSTMENTS TO REPORTED SD/MC SETTLEM  TOTAL SD/MC REIMBURSEMENT - COUNTY PLUS CONTRACT TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY PLUS TOTAL REIMBURSEMENT - COUNTY PLUS CONTRACT PR  To adjust Total SD/MC Reimbursement (FFP) due to required County match for Legal Entity 00118.  ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT  TOTAL EPSDT SGF  To adjust the State General Fund share of EPSDT as a result of SD/MC reimbursements as reflected on Lines 16, 16A, 17, 1 Column C of the form MH 1979 of the audited County and contri	ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT  TOTAL SD/MC REIMBURSEMENT - COUNTY PLUS CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY PLUS CONTRACT PROVIDERS  To adjust Total SD/MC Reimbursement (FFP) due to required County match for Legal Entity 00118.  ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT  TOTAL EPSDT SGF  To adjust the State General Fund share of EPSDT as a result of adjustments to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 17A, and 18, Column C of the form MH 1979 of the audited County and contract provider	ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT  TOTAL SD/MC REIMBURSEMENT - COUNTY PLUS CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY PLUS CONTRACT PROVIDERS  To adjust Total SD/MC Reimbursement (FFP) due to required County match for Legal Entity 00118.  ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT  TOTAL EPSDT SGF  To adjust the State General Fund share of EPSDT as a result of adjustments to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 17A, and 18, Column C of the form MH 1979 of the audited County and contract provider	ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT  TOTAL SD/MC REIMBURSEMENT - COUNTY PLUS CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY PLUS CONTRACT PROVIDERS TO adjust Total SD/MC Reimbursement (FFP) due to required County match for Legal Entity 00118.  ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT  To adjust the State General Fund share of EPSDT as a result of adjustments to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 17A, and 18, Column C of the form MH 1979 of the audited County and contract provider	

#### Finding 1: MENTAL HEALTH ACCOUNTING POLICIES AND PROCEDURES

Our examination of the Mental Health Plan's (MHP) financial records disclosed a lack of consistent application of Accounting Policies and Procedures because of the non-existence of such procedures for the mental health activities.

<u>Audit Authority</u>: Center for the Medicare and Medicaid (CMS) Pub. 15-1, Section 2300

Recommendation: We recommend that the County adopt an Accounting Policies and Procedures developed specifically to address the type of fiscal challenges inherent in the preparation of the Mental Health cost report. We believe that the development and adoption of Accounting Policies and Procedures tailored for the mental health related activities will enhance proper and consistent application of internal accounting policies and procedures utilized in the preparation of cost report.

<u>Auditee's Response</u>: San Joaquin County will work on developing a policy and procedure for preparation of the Annual SD/Medi-Cal Cost Report to address the inherent fiscal challenges.

### Finding 2: MANAGED CARE CONSOLIDATION NOT PROPERLY REPORTED

Our examination of the provider's financial records disclosed that the amount reported as Managed Care Consolidation on Line 7 of Cost Report Form MH 1960 was Managed Care Inpatient Consolidation which should be eliminated from Line 3, and not from Line 7. MH1960 Line 3 Cost Report reporting instructions state that "If payments to FFS/MC hospital contracted under inpatient consolidation are included on Line 1, these expenditures should be included on this line in order to reduce total mental health expenditures by FFS/MC amount". Please refer to page 31 of the fiscal year 2002-03 cost report instructions for more information.

### **Audit Authority**:

- 42 Code of Federal Regulation (CFR) 413.24;
- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2300;
- DMH Letter to Local Mental Health Administrators, dated December 23, 1998:
- Cost & Financial Reporting System Fiscal Year 2002-2003 Cost Report Instruction Manual.

Recommendation: We recommend that the County adhere to the above referenced audit authority sources and to exercise due care when preparing its year-end cost report.

<u>Auditee's Response</u>: San Joaquin County, in error, deducted the Inpatient Managed Care from Line 7 rather than Line 3. San Joaquin County will be careful in the future to report expenditures in the appropriate area on the cost report by referring to the above references.

### Finding 3: INPATIENT MANAGED CARE

Our examination of the provider's financial records disclosed that costs of Inpatient Managed Care from MH-Non Contract Emergency Admit (Acct# 0220-0581), MH-Stanislaus Behavioral Bureau (Acct# 0220-0582), and MH Sierra Vista Hospital (Acct# 0220-0583) were included in line 1 of Form MH 1960. These amounts should be eliminated from Line 3 of the cost report MH1960. The cost report instructions for Line 3 states that "if payments to FFS/MC hospital contracted under inpatient consolidation are included on Line 1, these expenditures should be included on this line in order to reduce total mental health expenditures by FFS/MC amount".

#### Audit Authority:

- 42 Code of Federal Regulation (CFR) 413.24;
- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2300;
- Cost & Financial Reporting System Fiscal Year 2002-2003 Cost Report Instruction Manual.

<u>Recommendation</u>: We recommend that the County adhere to the above referenced audit authority sources and to exercise due care when preparing the year end cost report.

<u>Auditee's Response</u>: Finding 3 is the same as Finding 2. San Joaquin County in error deducted the Inpatient Managed Care from Line 7 rather than Line 3. San Joaquin County will be careful in the future to report expenditures in the appropriate area on the cost report by referring to the above references.

#### Finding 4: LACK OF CONTRACT PROVIDERS AGREEMENT

Our examination disclosed that the Mental Health Plan (MHP) was not able to provide us with a copy of its contract with the Families First Program when requested. However, Families First Program prepared and submitted a cost report to the state.

<u>Audit Authority</u>: Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304

<u>Recommendation</u>: We recommend that Contract agreements should be in writing to properly document the understanding between the MHP and the Contract Provider in order to be eligible to receive the federal and State reimbursements.

Auditee's Response: San Joaquin County agrees with the recommendation.

### Finding 5: ALLOCATION METHODOLOGY - ADMINISTRATIVE COST

Our examination disclosed that the County did not have proper documentation to support the method used to allocate administrative costs to the Medi-Cal program. Our analysis of the settled cost report showed that the County allocated 99.57% of total Administrative cost to Medi-Cal, and 0.43% to Healthy Family program. Due to the absence of proper documentation to support its allocation methodology, audits used the "gross cost method" to allocate costs between Short-Doyle/Medi-Cal and Healthy Families, and used the unduplicated client count statistics to allocate costs between Medi-Cal and Non MediCal cost centers. Per Page 34 of the Fiscal Year 2002-03 cost report instructions, three allocation methods are allowable as listed below:

- 1) "...the percentage of Medi-Cal recipients in the population served by the county;
- 2) Relative value based on units of service and published charges;
- 3) The gross costs of each program."

### **Audit Authority:**

- 1. DMH Letter No: 94-01; California Code Regulations;
- 2. California Code Regulations (CCR) Title 9, Section 640;
- 3. 42 Code of Federal Regulation (CFR) 413.24;
- 4. CMS Pub. 15-1, Section 2300

<u>Recommendation</u>: We recommend that the County should exercise due care in the preparation of its cost report. All records utilized in the preparation of the Short-Doyle/Medi-Cal cost report must be properly documented and be readily available for auditor's review on request.

<u>Auditee's Response</u>: San Joaquin County will assure that all supporting documentation for the cost report will be filed appropriately and be available for auditor's review per request.

Finding 6: ALLOCATION OF ULTILIZATION REVIEW COSTS

Our examination disclosed that the county reported \$251,541 of Utilization Review (UR) cost. The county did not allocate any cost to the Skilled Professional Medi-Cal Personnel (SPMP) and Non-Short Doyle/Medi-Cal (SD/MC) Utilization Review.

<u>Audit Authority</u>: Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304

Recommendation: We recommend that the county should report its utilization review costs in accordance with the various components of this cost center to ensure proper cost finding and in accordance with DMH Letter number 94-09. The failure to properly report this type of cost in the proper category may result in the under-claiming of allowable program costs.

<u>Auditee's Response</u>: San Joaquin County will be reviewing the way that costs are allocated by implementing procedures and providing training to staff to avoid improper reporting in the future.

Finding 7: SHARE OF COSTS

Our examination disclosed that the county reported \$30,701 of share of cost on Cost Report MH 1961. This is a revenue that should be reported on the cost report MH1901 Schedule B for proper reporting.

<u>Audit Authority</u>: Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304

<u>Recommendation</u>: We recommend that the County should exercise due care when preparing its year end cost report in order to avoid improper reporting of this item of the cost report. Share of cost is an offset to program cost.

<u>Auditee's Response</u>: San Joaquin County reported the Share of Cost offset incorrectly on the MH1960. San Joaquin County will be implementing procedures and providing training to staff to avoid improper reporting in the future.

Finding 8: INCORRECT REPORTING OF PROVIDER'S UNIT OF SERVICE IN COUNTY COST REPORT

Our examination disclosed that the County improperly included 313,842 total unit of service pertaining to Human Services Project on its cost report. This type of error may cause a decrease in federal and state dollars reimbursable to the county because increased total units of service will decrease the overall cost per unit.

<u>Audit Authority</u>: Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304

<u>Recommendation</u>: We recommend that the county should exercise due care in preparing its year end cost report and also develop an effective quality control process to ensure that unit of service as well as costs are reported correctly to the proper service providers for proper cost finding.

<u>Auditee's Response</u>: San Joaquin County needs to apply checks and balances to the data that is collected and reported on the cost report to avoid these errors. They should develop controls to ensure that units of service as well as costs are reported correctly.

Finding 9: FAILURE TO REPORT SD/MEDI-CAL UNITS FOR MANAGED CARE CONSOLIDATION OUTPATIENT

Our examination disclosed that the County did not report any Short-Doyle/Medi-Cal units for Managed Care Consolidation Outpatient. It disclosed that the units were billed and approved. The failure to report allowable units will result in county loss of Federal Fund Participation and state general fund.

<u>Audit Authority</u>: Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304

<u>Recommendation</u>: We recommend that the County adhere to each of the above referenced audit authority sources and to exercise due care when preparing the year end cost report.

Auditee's Response: San Joaquin County needs to:

- 1. Exercise due care when preparing the year end cost report by
  - a. Developing a policy and procedure for preparation of the Annual SD/Medi-Cal Cost Report to address the inherent fiscal challenges.

- b. Providing more training to new staff that work on the preparation of the cost report.
- c. Reviewing the Audit Authority references.
- d. Developing controls to ensure complete and accurate data is being reported.
- e. Cost reports and all supporting documentation is filed appropriately and is available upon request.
- f. Providing written contracts on all legal entity cost reports.

### Finding 10: INSUFFICIENT COUNTY MATCH FOR FFP REIMBURSEMENT

Our examination disclosed that the cost report submitted to the State by the County for Victor Treatment did contain sufficient funds to match federal financial participation. The Medicaid Program requires that states must spend their or their localities own dollars in order to receive matching funds for the cost of covered services. Per Cost Report MH 1992, county did not spent sufficient matching dollars for the federal matching fund they received for Victor Treatment outpatient services.

<u>Recommendation</u>: We recommend that the County should exercise due care in the preparation of the cost report to ensure that sufficient local dollars are spent for the cost of covered services before seeking reimbursement for federal matching fund.

### Audit Authority:

- Social Security Act, Section 1903(a)(1)
- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304

<u>Auditee's Response</u>: San Joaquin County had sufficient match for drawing down FFP for Victor Treatment Center's cost report but was not able to report this on the cost report because of an error in the calculation of FFP on the MH1992 which was hard coded and protected and therefore could not be changed.

# CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: SAN JOAQUIN

County Code: 39

Legal Entity: SAN JOAQUIN COUNTY	Α	В	С
Legal Entity Number: 00039	Salaries		Total
	and Benefits	Other	Costs
1 Mental Health Expenditures	28,503,356	39,914,582	68,417,938
2 Encumbrances			
3 Less: Payments to Contract Providers (County Only)		(15,458,864)	(15,458,864)
4 Other Adjustments (Provide Detail)	(1,584,799)	(14,701,444)	(16,286,243)
5 Total Costs Before Medi-Cal Adjustments	26,918,557	9,754,274	36,672,831
6 Medi-Cal Adjustments from MH 1961			
7 Managed Care Consolidation (County Only)			
8 Allowable Costs for Allocation			36,672,831
Administrative Costs (County Only)			
9 SD/MC Administration			3,900,296
10 Healthy Families Administration			8,547
11 Non-SD/MC Administration			1,898,538
12 Total Administrative Costs			5,807,381
Utilization Review Costs (County Only)			
13 Skilled Professional Medical Personnel			94,508
14 Other SD/MC Utilization Review			74,679
15 Non-SD/MC Utilization Review			82,354
16 Total Utilization Review Costs			251,541
17 Research and Evaluation (County Only)			
18 Mode Costs (Direct Service and MAA)			30,613,909
19 Total Costs - Lines 9 through 18			36,672,831

### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: SAN JOAQUIN

County Code: 39

	Legal Entity: SAN JOAQUIN COUNTY	A			
Le	gal Entity Number: 00039	Total			
		Costs			
1	Mode Costs (Direct Service and MAA) from MH 1960	30,613,909			
	Modes				
2	Hospital Inpatient Services (Mode 05-SFC 10-19)				
3	Other 24 Hour Services (Mode 05-All Other SFC)	5,872,360			
4	Day Services (Mode 10)	1,616,180			
5	Outpatient Services (Mode 15 Program 1 + Program 2)	18,384,238			
6	Outreach Services (Mode 45)	1,198,031			
7	Medi-Cal Administrative Activities (Mode 55)	408,406			
8	Support Services (Mode 60)	3,134,694			
9	Total - Lines 2 through 8	30,613,909			

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SAN JOAQUIN

33 Non-Medi-Cal Costs

	Legal Entity: SAN JOAQUIN COUNTY		_A _	В	С	D	E	F	G
Leg	al Entity Number: 00039			Service	Service	Service	Service	Service	Service
	Mode: 05 - Other 24 Hour Services (All	Other SEC)	Mode Total	Function 20	Function 80	Function	Function	Function	Function
1 7	Allocation Percentage		100.00%	91.76%	8.24%		<del> </del>		<del> </del>
2	Total Units		tation in district	11,843	57,099				
3	Gross Cost		5,872,360	5,388,620	483,740				
4	Cost per Unit	<u>etala ilikutet 2. et 12.31e. 13.</u>		455.00	8.47	··· <u>·······</u>			
5	SMA per Unit			473.85					
	Published Charge per Unit			388.00					
7	Negotiated Rate / Cost per Unit			388.00	8.47				
В	<u>anteriorista de la compansión de la compa</u> A desarto Compansión de la	07/01/02 - 09/30/02		<del></del>		·	<u> </u>		
ВА	Medi-Cal Units	10/01/02 - 06/30/03							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03					ļ	L	
11	Healthy Families (SED) Units	07/01/02 - 09/30/02					<b></b> _	ļ	ļ
11A		10/01/02 - 06/30/03					-		<b>├</b> ──
	Non-Medi-Cal Units			11,843	57,099			<u> </u>	7 - 121 - 12 - 172
13	Medi-Cal Costs	07/01/02 - 09/30/02							
13A		10/01/02 - 06/30/03							
14 Medi-	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02						<u> </u>	
14A		10/01/02 - 06/30/03							
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	<b></b>					ļ	
15A		10/01/02 - 06/30/03	<del> </del>				<del></del>	<del> </del>	<del>                                     </del>
16 16A Me	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03					<del> </del>		<del>                                     </del>
				<del>, 120. 20. 20. 2</del>	<u> </u>	nga nagarag	000000000000000000000000000000000000000		
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03	<b></b>						
18 18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03						<del></del>	<b>-</b>
19		07/01/02 - 09/30/02	<del>                                     </del>				<del> </del>	<del></del>	<del> </del>
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	<del></del>						
20	Market and Cal Carrette Name (San Agents of Dates	07/01/02 - 09/30/02					<u> </u>		
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
21		07/01/02 - 09/30/02	The state of the s	1 22 7 12 7 12	<u> Parita da Pari</u>	<u> </u>	31 Teles 17 - 12 5		<u> </u>
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03	<del></del>				<del> </del>		<del> </del>
22		07/01/02 - 09/30/02	<del>                                     </del>				<del></del>		
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	<del>                                     </del>				<del>                                     </del>		t
23	Ephagod SDAIC Dublished Charact	07/01/02 - 09/30/02	<del>                                     </del>				<del>                                     </del>		1
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	Chinanoca GD/Wo Negotiated Nates	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	1			<u> </u>	1		1
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03					<del>                                     </del>		1
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29		107/01/02 - 09/30/02							
29A	Healthy Families Costs	10/01/02 - 06/30/03	<del></del>				<del> </del>	<del>                                     </del>	<del>                                     </del>
30	Ulaska Carrier Charles and the	07/01/02 - 09/30/02	<del>                                     </del>				<del> </del>		<del> </del> -
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03		-			<del>                                     </del>		
31	Healthy Families Bublished Charges	07/01/02 - 09/30/02	<del>                                     </del>						
31A	Healthy Families Published Charges	10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A	Treating Families regulated reales	10/01/02 - 06/30/03						L	
	Non-Medi-Cal Costs		5,872,360	5,388,620	483.740	<u>r janua dina</u>	1	<u> </u>	10.00

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SAN JOAQUIN County Code: 39

NR

	County Code: 39		NR								
	Legal Entity: SAN JOAQUIN COUNTY		A	В	С	D	E	F	G		
Legal	Entity Number: 00039			Service	Service	Service	Service	Service	Service		
	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function		
4 1 1	Hoosties Decoasters		400,000	95	<del></del>			<del></del>			
	llocation Percentage otal Units		100.00%	100.00% 17,825					├		
	ross Cost		1,616,180	1,616,180		<del></del>	<del> </del>	<del></del>	<del> </del>		
-			1,010,100						<del> </del>		
	ost per Unit MA per Unit			90.67				<del></del>			
	ublished Charge per Unit			115.14		<del></del>		<del> </del>	├──		
7 N	egotiated Rate / Cost per Unit			87.03				<del>                                     </del>	<del> </del>		
							100000000000000000000000000000000000000	370,022,020,020	100000		
8 M	ledi-Cal Units	07/01/02 - 09/30/02		3,076				<del> </del>	<b>-</b>		
8A '''		10/01/02 - 06/30/03 07/01/02 - 09/30/02		9,161			ļ———				
9 9A	ledicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03		8		<u> </u>	<del></del>	<del></del>			
10 -	<del></del>	07/01/02 - 09/30/03		<del>-</del>		<del> </del>	<del></del>	<del></del>			
10A E	nhanced SD/MC (Children) Units	10/01/02 - 06/30/03		11		<del></del>	<del> </del>	<del>} -</del>			
	nhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						<del></del>			
11		07/01/02 - 09/30/02									
11A	ealthy Families (SED) Units	10/01/02 - 06/30/03							<del>                                     </del>		
	on-Medi-Cal Units			5,569				(			
13	<u> Parting States of States</u>	07/01/02 - 09/30/02	278,899	278.899	a o garonga			1.7. 1.1. 1. 1.1. 1.	<u> </u>		
13A M	ledi-Cal Costs	10/01/02 - 06/30/03	830,621	830,621			<del></del>	<del> </del>	<del> </del>		
14	_ <del>_</del>	07/01/02 - 09/30/02	354,171	354,171				<del> </del>	<del> </del>		
14A M	ledi-Cal SMA Upper Limits	10/01/02 - 06/30/03	1,054,798	1 054 798				<del> </del>			
15		07/01/02 - 09/30/02	326,056	326,056			<del></del>		-		
15A M	ledi-Cal Published Charges	10/01/02 - 06/30/03	971,066	971.066				<del>                                     </del>	i -		
16	fadi Cal Manatistad Datas	07/01/02 - 09/30/02	267,704	267,704							
16A	ledi-Cal Negotiated Rates	10/01/02 - 06/30/03	797,282	797,282							
17	<u>                                      </u>	07/01/02 - 09/30/02			·/ : : : : : : : : : : : : : : : : : : :				12		
17A M	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	725	725				<del> </del>	+		
18		07/01/02 - 09/30/02	1		<del></del>				<del>                                     </del>		
18A M	ledicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	921	921		-	-				
19	ledicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02					1		i i		
19A	edicare/Medi-Cai Crossover Published Charges	10/01/02 - 06/30/03	848	848							
20_ M	ledicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02									
20A		10/01/02 - 06/30/03	696	696							
21 _		07/01/02 - 09/30/02			<u> </u>	122.12. 1817 27.111.12		1.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
21A	nhanced SD/MC Costs	10/01/02 - 06/30/03	997	997							
22 _	inhonced CDMC CMA Unner Limite	07/01/02 - 09/30/02						i			
22A	inhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	1,267	1,267							
23 <sub>F</sub>	nhanced SD/MC Published Charges	07/01/02 - 09/30/02									
23A		10/01/02 - 06/30/03	1,166	1,166							
24 E	nhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02					ļ				
24A -		10/01/02 - 06/30/03	957	957				1	ļ		
25 E	nhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03			<u> </u>			T	Γ		
	nhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						1_			
27 E		07/01/02 - 06/30/03									
28 E	nhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03									
29		07/01/02 - 09/30/02	1-1-1-1-1-1-1-1	<u> </u>		1.000	1	1	<del>                                     </del>		
29A H	lealthy Families Costs	10/01/02 - 06/30/03	<del>                                     </del>			<del> </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>		
30		07/01/02 - 09/30/02	<del>                                     </del>	<del></del>		<del></del>	<del>                                     </del>	<del> </del>	$\vdash$		
30A H	lealthy Families SMA Upper Limits	10/01/02 - 06/30/03	t			<del> </del>	!	t	1		
21	Included Change	07/01/02 - 09/30/02			-	<del>                                     </del>	1-	1			
31A H	lealthy Families Published Charges	10/01/02 - 06/30/03	<del>                                     </del>				ļ	<del>                                     </del>	1		
32	Inolthy Enmilies Negetiated Potes	07/01/02 - 09/30/02	1			1		1	T		
32A	lealthy Families Negotiated Rates	10/01/02 - 06/30/03									
33 N	Ion-Medi-Cal Costs	<u> 1920 - Elevis Alexandre de la C</u>	504,937	504,937	1 2 12		First Last				

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

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NR

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SAN JOAQUIN
County Code: 39 NR NR NR

	County Code: 39		NIX	NIX.	NIX .	INK	INIC		
	Legal Entity: SAN JOAQUIN COUNTY		Α .	В	С	D	E	F	G
Leg	al Entity Number: 00039		1 <u>.</u> [ ]	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)	<del></del>	Mode Total	Function	Function	Function	Function	Function	Function
				01	30	60	70	10	
1	Allocation Percentage		100.00%	13.66%	40.06%	34.62%	5.91%	5.75%	
2	Total Units			1,458,674	2,767,565	1,418,219	570,791	438,650	
3	Gross Cost		18,119,634	2,474,869	7,257,947	6,273,538	1,071,337	1,041,944	
4	Cost per Unit			1.70	2.62	4 42	1.88	2.38	
5	SMA per Unit	<del></del>		1.77	2.28	4.23	3.41	2.28	
	Published Charge per Unit			1.88	2.64	4.91	2.22	2.64	
7	Negotiated Rate / Cost per Unit			1.61	2.28	4.23	1.79	2.28	
	Tegotiated Nate / Cost per Onit							· , 200	<u> </u>
8	Medi-Cal Units	07/01/02 - 09/30/02		188,076	377,273	192,494	70,339	68,623	
8A	Wiedr-Car Offics	10/01/02 - 06/30/03		606,278	1,181,487	654,586	227,329	250,461	
9	Madia Madi Cal C van Haite	07/01/02 - 09/30/02		140	338	21,432	147	248	
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03		421	774	55,515	20	297	
10		07/01/02 - 09/30/02			540	100	53		
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03		538	1,011	205	734	340	
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		845		857			
	<del>_</del>		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		2 202	317	1 027	870	
11	Healthy Families (SED) Units	07/01/02 - 09/30/02	<del>                                     </del>	11	2,383		1,037		
11A		10/01/02 - 06/30/03		1,322	6,632	923	615	3,325	
12	Non-Medi-Cal Units		<u> </u>	661,043	1,197,127	491,790	270,517	114,486	· · · · · · · · · · · · · · · · · · ·
13		07/01/02 - 09/30/02	2,455,028	319,100	989,399	851,504	132,022	163,003	<u> </u>
13A	Medi-Cal Costs	10/01/02 - 06/30/03	8,044,293	1,028,646	3,098,453	2,895,583	426,681	594,930	
14		07/01/02 - 09/30/02	2,403,643	332,895	860,182	814,250	239,856	156,460	
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	7,882,044		2,693,790	2,768,899	775,192	571,051	
	<del></del>			1,073,112					
15_	Medi-Cal Published Charges	07/01/02 - 09/30/02	2,632,046	353,583	996,001	945,146	156,153	181,165	
15A	<del></del>	10/01/02 - 06/30/03	8,638,833	1,139,803	3,119,126	3,214,017	504,670	661,217	
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	2,259,602	302,802	860,182	814,250	125,907	156,460	
16A		10/01/02 - 06/30/03	7,416,767	976,108	2,693,790	2,768,899	406,919	571,051	
17		07/01/02 - 09/30/02	96,794	238	886	94,805	276	589	نخيب مستنسبنيت
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	249,060	714	2,030	245,572	38	705	
18		07/01/02 - 09/30/02	92,743	248	771	90,657	501	565	
	Medicare/Medi-Cal Crossover SMA Upper Limits						68	677	
18A	- <del> </del>	10/01/02 - 06/30/03	238,084	745	1,765	234,828			
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	107,368	263	892	105,231	326	655	
19A		10/01/02 - 06/30/03	276,242	791	2,043	272,579	44	784	
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02	92,482	225	771	90,657	263	565	
20A		10/01/02 - 06/30/03	237,984	678	1,765	234,828	36	677	
21		07/01/02 - 09/30/02	1,958	<u> </u>	1,416	442	99	<u></u>	· · · · · · · · · · · · · · · · · · ·
21A	Enhanced SD/MC Costs					907		808	
		10/01/02 - 06/30/03	6,656	913	2,651		1,378		
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	1,835		1,231	423	181		
22A		10/01/02 - 06/30/03	7,403	952	2,305	867	2,503	775	
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	2,034		1,426	491	118		
23A		10/01/02 - 06/30/03	7,214	1,011	2,669	1,007	1,629	898	
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02	1,749		1,231	423	95		
24A	Elimanced Spinic Hegoliated Nates	10/01/02 - 06/30/03	6,127	866	2,305	867	1,314	775	
	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03		12, 2	<u>-1 111 (115 (11</u>	T-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
			5,225	1,434		3,791			
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	5,121	1,496		3.625			
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	5,796	1,589		4,208			
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	4,986	1,360		3,625			
29	<u>an andra properties de la companya de la latera de la companya de la companya de la companya de la companya de</u> La companya de la co	07/01/02 - 09/30/02	11,683	19	6,249	1,402	1,946	2,067	
29A	Healthy Families Costs	10/01/02 - 06/30/03	32,771	2,243	17,392	4,083	1,154	7,898	
	<del></del>								
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	12,313	19	5,433	1,341	3,536	1,984	
30A	<del></del>	10/01/02 - 06/30/03	31,043	2,340	15,121	3,904	2,097	7,581	
31	Healthy Families Published Charges	07/01/02 - 09/30/02	12,467	21	6,291	1,556	2,302	2,297	
31A		10/01/02 - 06/30/03	34,669	2,485	17,508	4,532	1,365	8,778	
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02	10,632	18	5,433	1,341	1,856	1,984	
200	ricating ranilles regulated Nates	10/01/02 - 06/30/03	29,836	2,128	15,121	3,904	1,101	7,581	
32A		10/01/02 - 00/30/03	29,030	2,120					
	Non-Medi-Çal Costs	10/01/02 - 00/30/03	7,216,167	1,121,563	3,139,469	2,175,449	507,742	271,943	<u> </u>

CALIFORNIA HEALTH AND HUMAN SE	ERVICES AGENCY
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DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SAN JOAQUIN County Code: 39

	County Code: 39			ASO	ASO	MHS	MHS	MHS	MHS
	Legal Entity: SAN JOAQUIN COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00039  Mode: 15 - Outpatient (Program 2)			-l l .	Service	Service	Service	Service	Service	Service
			Mode Total	Function	Function	Function	Function	Function	Function
_	Allocation Percentage		100 000/	10	60	10	60	10	10
<del>,  </del>	Total Units	100.00%	16.34% 33,410	1,30%	0.09%	8.77% 9,665	5.53% 11,310	27.30 55,81	
	Gross Cost		264,604	43,245	3,429	233	23,210	14,639	72,24
	0000000p2000qqqqqqqqqqqqqqqqq		207,007			755 PROPERTY 1	ا قفتات جهجهه		
-	Cost per Unit			1.29	2.40	1,29	2.40	1.29	1.2
	SMA per Unit Published Charge per Unit			2.28	4.23	2.28	4.23	2.28	2.2
6 7	Negotiated Rate / Cost per Unit				-		<del>}</del>		
	regulated reals r Cost per Orin	: <u>::::::::::::::::::::::::::::::::::::</u>			******			<u> </u>	<u> Paga aprak</u>
3	Medi-Cal Units	07/01/02 - 09/30/02		9,885	333	60	4,800	5,790	16,17
BA		10/01/02 - 06/30/03		22,220	1,023	60	4,435	4,590	37,62
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
JA.		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02		+					12
10A	<del>`</del>	10/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A	Non-Medi-Cal Units	10/01/02 - 06/30/03		1 305	72		420	930	1.00
12	Non-wedi-Cai Onits			1,305	12	60	430	930	1,90
13	Medi-Cal Costs	07/01/02 - 09/30/02	80,611	12,795	800	78	11,527	7,494	20,93
13A	IVIEU-CAI COSIS	10/01/02 - 06/30/03	175,021	28,761	2,457	78	10,650	5,941	48,69
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	141,994	22,538	1,409	137	20,304	13,201	36,86
14A		10/01/02 - 06/30/03	308,293	50,662	4,327	137	18,760	10,465	<u>85,7</u>
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	<u> </u>	l					
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03	l						
17	Madiana Madi Cal Cananaya Casta	07/01/02 - 09/30/02	1						
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A	inedical enviewed Crossover Sivia Opper Littlis	10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							<u> </u>
20_	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21		07/01/02 - 09/30/02	388						15
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03	155						
22	F-1	07/01/02 - 09/30/02	684						
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	274						
23	February SDA4C Bublished Chause	07/01/02 - 09/30/02							
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03							
24	Enhanced SD/MC Negatiated Pates	07/01/02 - 09/30/02							
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03				<u>-11</u>	::: ::::::::::::::::::::::::::::::::::	11000000	1000 1000
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03			<del></del>				
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	<del>                                     </del>						
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03		<del> </del>					
			122.00		120222	120 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<del>11</del> 11
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03	<u> </u>	<u> </u>					
_									
32 32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02	ļ						

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SAN JOAQUIN County Code: 39

MHS

	County Code: 39		MHS						
Legal Entity: SAN JOAQUIN COUNTY Legal Entity Number: 00039 Mode: 15 - Outpatient (Program 2)			Н	J	J	K	L	M	N
			Service	Service	Service	Service	Service	Service	Service
			Function	Function	Function	Function	Function	Function	Function
<u> </u>	Allocation Descented	10		<b></b>			<b></b> _	<b>└</b>	
1	Allocation Percentage	40.67%		ļ			<del></del>	<del></del>	
2	Total Units Gross Cost		83,130		<del> </del>			-	<b></b>
3			107,602		<del>                               </del>	, 1	32,212,000,000,000		<del></del>
4	Cost per Unit		1.29						
5	SMA per Unit		2.28		<b>!</b>			<u> </u>	L
6	Published Charge per Unit		<u> </u>				ļ	<u> </u>	<b></b> _
7	Negotiated Rate / Cost per Unit	<del></del>				L		200	ļ
8	Medi-Cal Units	07/01/02 - 09/30/02	20,850						
8A	Medi-Cai Utiks	10/01/02 - 06/30/03	60,600						
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02	180						
10A	Ellianced Spring Office	10/01/02 - 06/30/03	120						
-	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units		1,380						
13		07/01/02 - 09/30/02	26,988	<u> </u>	123 123 124	<u> </u>	<u> </u>		<u> </u>
13A	Medi-Cal Costs	10/01/02 - 06/30/03	78,439	<del> </del>	<del> </del> -		<del></del>	<del></del>	1
14		07/01/02 - 09/30/02	47,538	<b></b>	<del></del>				<del> </del>
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	138,168		<del> </del>			<del></del>	-
15		07/01/02 - 09/30/02	100,100		<del> </del> -			<del></del>	<del>                                     </del>
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03						<del>                                     </del>	
16		07/01/02 - 09/30/02			<del> </del> -			<del>                                     </del>	
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03			<del>                                     </del>			<del></del>	
17									
	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	<b> </b>		<del> </del>	<del></del>		<b>├</b> ──	<del></del>
17A 18		10/01/02 - 06/30/03 07/01/02 - 09/30/02			<del> </del>	ļ	ļ	<del> </del>	₩
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	<del></del>		<del></del>	<b> </b>		├──	<del>├</del> ───
19		07/01/02 - 09/30/02			<del> </del>	<del> </del>	}	<b>├</b> ──	<del></del>
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03		<del> </del>	<del> </del>	<del> </del>		<del></del> -	<del></del>
20		07/01/02 - 09/30/02	<del> </del>		<del></del> -	<del> </del>		<del></del>	<del> </del>
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03			<del> </del>			<del>                                     </del>	<del>                                     </del>
			000 <u>200 - 2</u> 40	31.5 × 5.1.5	1.000 1.00		<u> </u>	200000200	
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	233						<del> </del>
21A		10/01/02 - 06/30/03	155		<b>_</b>	Ļ			
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	410		<u> </u>	<b></b> _		<b></b>	<b>├</b>
22A	ļ	10/01/02 - 06/30/03	274	<b></b>	<u> </u>	ļ		<del> </del>	<b></b>
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	ļ		<b>_</b>	ļ.———		<del> </del>	<u> </u>
23A		10/01/02 - 06/30/03	<u> </u>		<del></del>	├──		├──	₩
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02		<b>_</b>	<u> </u>		ļ.——-	<del> </del>	<del>                                     </del>
24A		10/01/02 - 06/30/03		121 221 221 221 221	L			<del> </del>	1
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						Ī	
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03					J		
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29		07/01/02 - 09/30/02			THE STREET	and the same of th	210 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		<u> paradante, e</u>
29A	Healthy Families Costs	10/01/02 - 06/30/03	<del></del>	<del> </del>	<del>                                     </del>	<del> </del> -	<del> </del> -	<del> </del> -	<del>                                     </del>
30	<del></del>	07/01/02 - 09/30/02	<del></del>		<del></del>	<del> </del>		<del>                                     </del>	<del>                                     </del>
30A	Healthy Families SMA Upper Limits		<b> </b>	<del> </del>		<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>
31	ļ ————————————————————————————————————	10/01/02 - 06/30/03	<del> </del>	<del>                                     </del>	<del> </del>		<del> </del>	├───	<del> </del>
31A	Healthy Families Published Charges	07/01/02 - 09/30/02	<del> </del>	<del> </del>	<del> </del>	<u> </u>	<del> </del>	<del> </del>	<del>                                     </del>
	<del></del>	10/01/02 - 06/30/03	<del></del>		<del> </del>	<del></del>	<del> </del>	<del> </del>	<del></del>
32 32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03	<del> </del>	<b>}</b>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del></del>
		10/01/02 - 00/30/03				<u> </u>	12 12 12 12 12 12 12 12 12 12 12 12 12 1	<del></del>	
33	Non-Medi-Cal Costs		1,786		L	L	L	l	L

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

# ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SAN JOAQUIN County Code: 39

ounty Code: 39 CR CR

	Legal Entity: SAN JOAQUIN COUNTY	Α	В	С	D	E	F	G
Lega	Legal Entity Number: 00039		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function_	Function	Function
		<b>1</b> [	10	20				
1 A	Allocation Percentage	100.00%		100.00%				
2 T	otal Units			53,903				
3 (	Gross Cost	1,198,031	-	1,198,031				
4 0	Cost per Unit		<u>, i</u>	22.23			<u>Divertition in the attitude.</u>	<u> </u>
5 N	Non-Medi-Cal Units			53,903				
6 1	Non-Medi-Cal Costs	1,198,031	<u>, -1, -1, -1, -1, -1, -1, -1, -1, -1, -1</u>	1,198,031				

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: SAN JOAQUIN County Code: 39

MAA

MAA

	Legal Entity: SAN JOAQUIN COUNTY	A	В	С	D	E	F	G
Le	Legal Entity Number: 00039		Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Function	Function	Function	_ Function_	Function	Function
		1	17	21			<u> </u>	
1	Allocation Percentage	100.00%	78.43%	21.57%				
2	Total Units		83,233	148,470				
3_	Total Expenditures	408,406	320,293	88,113				
			2.05	0.50				
4	Cost per Unit		3.85	0.59		Control of the Control		100000000000000000000000000000000000000
5	Non-Medi-Cal Costs	133,712						

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

**DETAIL COST REPORT** 

Fiscal Year 2002-2003

County: SAN JOAQUIN County Code: 39 CR CR CR CR CR CR

	Legal Entity: SAN JOAQUIN COUNTY	A	В	C	D	E	F	G	
Le	egal Entity Number: 00039		Service	Service	Service	Service	Service	Service	
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function_	Function	
			30	20	40	41	42	43	
1	Allocation Percentage	100.00%	49.18%	12.67%	3.97%	0.40%	27.68%	6.10%	
2	Total Units		321,099	14,406	3,386	5,264	18,529	19,972	
3	Gross Cost	3,134,694	1,541,560	397,283	124,562	12,495	867,561	191,233	
4	Cost per Unit		4.80	27.58	36.79	2.37	46.82	9.58	
5	Non-Medi-Cal Units (Same as Line 2)		321,099	14,406	3,386	5,264	18,529	19,972	
6	Non-Medi-Cal Costs (Same as Line 3)	3.134.694	1.541.560	397.283	124.562	12.495	867.561	191,233	

DETA T REPORT

## DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

County: SAN JOAQUIN County Code: 39		Γ		DEIMBURG	EMENT TYPE	00		ND.		1	Casta	
Legal Entity: SAN JOAQUIN COUNTY		REIMBURSEMENT TYPE			PC NR			— н		Costs	К .	
Legal Entity Number: 00039_	<del> </del>	<del>                                     </del>				Total				Total		Total
		Ī	Mode 55		Total	Inpatient				Outpatient		Outpatient
)			S. F.'s 11-19,		MAA	Mode 05-	Mode 05-All		Mode 15	Exclude	Mode 15	(Cal. I + Cal J)
1	07/01/02 - 09/30/02	S.F. s 01-09	31-39	S F 's 21-29		Hospital	Other	Mode 10 278,899	Program (1) 2,455,028	Program (2) 2,733,927	Program (2) 80,611	2,814,538
Medi-Cal Costs	10/01/02 - 06/30/03	100000000000000000000000000000000000000						830,621	8,044,293	8,874,914	175,021	9,049,935
2 Medi-Cal SMA	07/01/02 - 09/30/02	10.4600.00	ing this in	<del>a 114 - 114</del>		-		354,171	2.403,643	2,757,814	141,994	2,899,808
2A Medi-Cal SMA	10/01/02 - 06/30/03							1,054,798	7,882,044	8,936,842	308,293	9,245,134
3 Medi-Cal P. C	07/01/02 - 09/30/02							326,056	2,632,046	2,958,102		2,958,102
3A	07/01/02 - 06/30/03							971,066 267,704	8,638,833	9,609,899		9,609,899 2,527,300
4A Medi-Cal N R.	10/01/02 - 06/30/03						<del> </del>	797,282	2,259,602 7,416,767	2,527,306 8,214,049		8,214,049
		<del>- 11111111</del>										
5 Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02	1	in display and	<del></del>			├	267,704	2,259,602	2,527,306	80,611	2,607,91
	10/01/02 - 06/30/03		1000					797,282	7,416,767	8,214,049	175,021	8,389,06
6 Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02								96,794	96,794		96,79
6A	10/01/02 - 06/30/03			بنبننين				725	249,060	249,785		249,78 92,74
7A Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03	1.11.11.11.11.11.11.					<del>                                     </del>	921	92,743 238,084	92,743 239,005		239,00
	07/01/02 - 09/30/02	11.11.11.11.11.11.11.1					<del>                                     </del>		107,368	107,368	N4. 1. 14	107,36
BA Medicare/Medi-Cal Crossover P. C.	10/01/02 - 06/30/03							848	276,242	277,090		277,09
9 Medicare/Medi-Cal Crossover N R	07/01/02 - 09/30/02								92,482	92,482	Harati, Erakari	92,48
9A	10/01/02 - 06/30/03	Triple Black				<u></u>		696	237,984	238,680		238,68
10 Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02								92,482	92,482		92,48
10A Medicare/Medi-Cal Crossover Gross Reim.	10/01/02 - 06/30/03				g tidaliji laidiji			696	_237,984	238,680		238,68
11 Total SD/MC + Consequer Gross Raim	07/01/02 - 09/30/02					<u> </u>	777.23222 (2)2323	267,704	2,352,084	2,619,788	80.611	2,700,39
11A Total SD/MC + Crossover Gross Reim.	10/01/02 - 06/30/03	120000000000000000000000000000000000000						797,978	7,654,751	8,452,729	175,021	8,627,75
The state of the s	07/01/02 - 09/30/02					araratata			1,958	1,958	388	2,34
12 Enhanced SD/MC (Children) Cost	10/01/02 - 06/30/03						<del>                                     </del>	997	6,656	7,654	155	7,80
4.0	07/01/02 - 09/30/02						<del></del>		1,835	1,835	684	2,51
13A Enhanced SD/MC (Children) SMA	10/01/02 - 06/30/03							1,267	7,403	8,669	274	8,94
14 Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								2,034	2,034		2,03
[14A]	10/01/02 - 06/30/03							1,166	7,214	8,380		8,38
15 Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02						<u> </u>	057	1,749	1,749	i des terederes esperales. Caracteria de la calacteria	1,74 7,08
15A	10/01/02 - 06/30/03				****			957	6.127	7,085	<del></del>	
16 Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02								1,749	1,749	388	2,13
16A	10/01/02 - 06/30/03	1		بينينينين				957	6.127	7.085	155	7,24
17 Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03								5,225	5,225		5,22
18 Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03	سنببنا					<u> </u>		5,121	5,121		5,12
19 Enhanced SD/MC (Refugees) P. C. 20 Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03	1.0000000000000000000000000000000000000			1				5,796 4,986	5,796 4,986		5,79 4,98
The state of the s						<u> </u>			Jan. 10 10 10 10 10 10 10 10 10 10 10 10 10	7. (2.)		
21 Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							267,704	2,353,833	2,621,537	81,000	2,702,53
21A (Excludes Refugees) 22 Enhanced SD/MC (Refugees) Gross Reim.	10/01/02 - 06/30/03						ļ	798,935	7,660,878	8,459,814	175,176	8,634,99
	07/01/02 - 06/30/03					1.2,7,7,12,	100 J. 100 100		4 986	4,986	<u> </u>	4,98
23 Healthy Families Cost	07/01/02 - 09/30/02								11,683	11,683		11,68
23A	10/01/02 - 06/30/03	19:19:39:39	نحر ووالإستام	أ بنيد نسخة أ					32,771	32,771		32,77
Healthy Families SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03		-	<del> </del>			<del> </del>		12,313 31,043	12,313 31,043		12,31 31,04
25 Healthy Families P. C.	07/01/02 - 09/30/02	<del>- 1814 - 1814 -</del>				<del> </del>	<del>                                     </del>		12,467	12,467	99 × 5 × 4 × 7 ×	12,46
25A Healthy Families P. C.	10/01/02 - 06/30/03		History and						34,669	34,669		34,66
25A Healthy Families N. R	07/01/02 - 09/30/02	To the state of							10,632	10,632		_ 10,63
26A	10/01/02 - 06/30/03	Palana Santa					ļ	<del></del>	29,836	29,836		29,83
27 Healthy Families Gross Reim	07/01/02 - 09/30/02		Militar and						10,632	10,632		10,63
27A 11051111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10/01/02 - 06/30/03								29,836	29,836		29,83
Less: Patient and Other Payor Revenues												
SD/MC + Crossover Revenues	07/01/02 - 09/30/02		सिन्द्रिस सिन्द्र	1. (g) (H-g), i.				17	23,025	23,042		23,04
128A I	10/01/02 - 06/30/03		<u> Hidigariyaan</u>					24	61,502	61,526	<del></del>	61,52
29 Enhanced SD/MC (Children) Revenues 30 Enhanced SD/MC (Refugees) Revenues	. — — — — — — — — — — — — — — — — — — —	1,445,141,141	<u> Palitudus</u>	النجريون	للتباشين		<del> </del>		<del> </del>	<b> </b>		ļ
31 Healthy Families Revenues	<del>'</del>								<del></del>	<del></del>		
The state of the s		<del> </del>		<del>نين وينتنننا</del>			harana a		11. 14. 14. 14. 14. 14. 14. 14. 14. 14.	13-14-14-T-14-T-14-14-14-14-14-14-14-14-14-14-14-14-14-		70,000
32 Total Expenditures from MAA (Mode 55) 33 Medi-Cal Eligibility Factor (Average)			320,293	88,113	408,406	<u> Haritaniai ilia</u>			<del>Pilliania</del>			
33   Medi-Cal Eligibility Factor (Average)     34   Revenue - MAA			1	26%	<del>la comunicación</del>		<del>la de la </del>			<del>para didil</del>		
	AT   A   A   A   A   A   A   A   A   A	فلتتفلقه	تيبينا		نبياتي النا							0.070
35 Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02	- Landace and Co.	215,429	59,265	274,694	<del></del>	<del></del>	267,687	2,330,808	2,598,495	81,000 175,176	2,679,49 8,573,46
35A	10/01/02 - 06/30/03	1021-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	<del>liitiidii t</del>	<del> </del>		<del> </del>	<del> </del> -	798,911	7.599,377 4,986	8,398,288 4,986	1/5,1/6	8,5/3,46
27	07/01/02 - 09/30/02	100000000000000000000000000000000000000	<del>                                      </del>	<del>                                     </del>					10,632	10,632		10,63
37A Net Due - Healthy Families	10/01/02 - 06/30/03	Table de la constante	landa i f				T		29,836	29,836		29.83
Amount Negotiated Rates Exceed Costs							10000					<del>                                      </del>
30 1	07/01/02 - 09/30/02		fill and the first	<del> </del>	<del> </del>	*****	1		<del> </del>	<u> </u>		····
38A	10/01/02 - 06/30/03											
39 Enhanced SD/MC (Refugees)				L								
40 Healthy Families	07/01/02 - 09/30/02										<u>poljoder, del</u>	<u> </u>
40A	10/01/02 - 06/30/03											

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH DETAIL COST REPORT

#### SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

RY DESK SETTLEMENT

Fiscal Year 2002-2003

(41) 1	1979 (10/04)									Fiscal Y	ear 2002-2003
	County: SAN JOAQUIN						FFP %	FFP %	1		
	County Code: 39						Source:	Source:	1		
							MH1978 E8	MH1978 F8	<del> </del>		
100	Legal Entity: SAN JOAQUIN COUNTY al Entity Number: 00039	Total	B Total	C Total	D	E 50%	51.40%	G 51,55%	Variable %	75%	Total
Leg	ar Entity Number, 00039	MAA	Inpatient	Outpatient	Total	50%	51.40% FFP	51.55% FFP	FFP	FFP	FFP
-	SD/MC Administrative Reimbursement (County Only)	N/A	nipatient	Outpatient	Didi		THE STATE OF THE STATE OF			100 TO	
1	County SD/MC Direct Service Gross Reimbursement		141419141414, 14141414.	11,342,512	11,342,512						
3	Contract Provider Medi-Cal Direct Service Gross Reimbursement		625,546	8,079,061	8,704,607						<del>indingi id</del>
3	Total Medi-Cal Direct Service Gross Reimbursement		111111111111111111111111111111111111111	0,077,001	20,047,119						
4	Medi-Cal Administrative Reimbursement Limit				3,007,068						
5	Medi-Cal Administration				3,900,296						
6	Medi-Cal Administrative Reimbursement				3,007,068	1,503,534					1,503,534
	Healthy Families Administrative Reimbursement (County Only)										
7	County Healthy Families Direct Service Gross Reimbursement			75,709	75,709						
8	Healthy Families Administrative Reimbursement Limit				7,571						
9	Healthy Families Administration				8,547						
10	Healthy Families Administrative Reimbursement				7,571				4,940		4,940
	SD/MC Net Reimbursement for MAA										
111	Medi-Cal Admin. Activities Svc Functions 01 - 09					<u>British di di Jira</u>					للمنتشا
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39	215,429			215,429	107,715					107,715
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)	59.265			59,265	107,713				44.449	44,449
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				94,508				اللمستوا	70,881	70,881
15	Other SD/MC Utilization Review (County Only)				74,679	37,339					37,339
16	SD/MC Net Reimbursement for Direct Services 07/01/02 - 09/30/02			2,677,357	2,677,357		1,376,162		The training	:1.25 ·	1,376,162
16A	10/01/02 - 06/30/03			8,566,224	8,566,224			4,415,633			4,415,633
17	Enhanced SD/MC Net Reimb. (Children) 07/01/02 - 09/30/02			2,137	2,137				1,410		1,410
17A	]			7,240	7,240				4,706		4,706
18	Enhanced SD/MC Net Reimb. (Refugees)			4,986	4,986				4,986		4,986
19	Total SD/MC Reimbursement Before Excess FFP										7,566,814
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC				1						
21	Total SD/MC Reimbursement (FFP)										7,566,814
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										7,566,814
24	07/01/02 - 09/30/02			10,632	10.632			<del>                                     </del>	7.015		7,015
24A	Healthy Families Net Reimbursement 10/01/02 - 06/30/03 10/01/02 - 06/30/03			29,836	29,836		<del>                                     </del>		19.393		19,393
25	Total Healthy Families Reimbursement Before Excess FFP			22,830	27,030				100.00.00		31,348
26	Amount Negotiated Rates Exceed Costs - Healthy Families				<del> </del>						2548
27	Total Healthy Families Reimbursement			Professor	7.71.43						31,348